

KAHN (A.)

Imperforate hymen x x x



**IMPERFORATE HYMEN, WITH RETENTION OF
MENSTRUAL FLUID.**

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ON the evening of July 4th, at 10 o'clock, I received a summons to attend Miss R. A., who, the messenger informed me, was suffering great pain in the abdomen, and also that something was protruding from her parts.

The patient, a well-nourished and vigorous girl of nineteen years, I was informed, had, about four weeks previously, a similar, yet not quite as severe an attack as the present one, for which she consulted a physician. The affection was pronounced "bowel-complaint," and the girl was ordered the "rest-cure" for one week, as she termed it—remaining in a recumbent position, subsisting on a diet of milk, rice, and toasted bread, with a tablespoonful of castor-oil each night. In a few days she felt comparatively free from pain, but the uneasiness in the abdomen and bladder still persisted, with frequent stools and painful micturition. On the 2d of July the abdominal pains returned, increasing continually, and while at stool she became aware of the protrusion from her body. It was then deemed advisable on the part of the relatives to call a physician.

Upon examination, I discovered an abdominal tumor extending upward to the umbilicus, giving the girl an appearance of being about six months pregnant, and causing me to inquire when she had last menstruated. In reply, I was informed that she had never menstruated, and that late menstruation was a family feature. I then



proposed to ascertain the nature of the protrusion, and found the anus in a normal condition. I endeavored to make a vaginal examination, but that was impossible, for the hymen proved to be imperforate, the membrane being distended and protruding, the labia separated to an extent of two inches, and the perineum bulging as if pressed upon by a fetal head.

The parents were informed of the nature of the condition, and that an operation would be necessary. For the night, the pains were calmed by an anodyne suppository. On the following day, at my request, Dr. C. E. von Hoffman saw the case with me. The membrane was anesthetized with cocain, and a small incision was made in the median line, giving exit to a dirty-brown fluid, of which about two quarts escaped, when it became semi-gelatinous, necessitating the removal of a piece of membrane to permit it to flow more freely, but it gradually became so gelatinous that it had to be carefully pulled out with forceps. At least two more quarts were removed by this process.

The operation was performed upon strictly aseptic principles. There was no subsequent elevation of temperature. The patient was kept in bed for a week.

The points of interest in this case are: The condition of the menstrual fluid evacuated, the gelatinous substance showing that absorption must have taken place; the rapid recovery of the patient, showing the small danger attendant upon the rapid evacuation of accumulations under strict aseptic procedure; and the mistaken diagnosis in the first place; also, the extreme thickness of the membrane—one-eighth of an inch at least, when distended.

The patient has since had a normal menstrual period.

